



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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THIS SPACE FOR OFFICE USE

**REPORT OF EXPENDITURES, CONTRIBUTIONS
AND SUBJECT AREAS**

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**STATE OF HAWAII
STATE ETHICS COMMISSION**

(To be filed by organizations, employing organizations, others)

For lobbying reporting period:

- ☒ January 1 - last day of February
☐ March 1 - April 30
☐ May 1 - December 31

Name of contact person Samuel Sorich Phone 916-449-2009
Name of organization National Association of Independent Insurers
Mailing address 980 9th Street, 16th Floor
Sacramento, CA 95814

PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement
period was: \$ 0

EXPENDITURES

| Category | Total Amount | Category | Total Amount |
|---|--------------|-------------------------|--------------|
| 1. Preparation & distribution of lobbying materials | 0 | 7. Entertainment | 0 |
| 2. Media advertising | 0 | 8. Food & beverages | 0 |
| 3. Telegraph, telephone, and other forms of telecommunication | 0 | 9. Gifts | 0 |
| 4. Postage | 0 | 10. Loans | 0 |
| 5. Compensation paid to lobbyists | 0 | 11. Other disbursements | 0 |
| 6. Fees (other than to lobbyists) | 0 | TOTAL EXPENDITURES | 0 |

COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

| Name | Address | Compensation paid |
|------------|--|-------------------|
| Jiro Ikeda | 533 Kaanini Circle, Hilo, Hawaii 96720 | 0 |
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EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

- ☒ This section is not applicable
- ☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

| Name & Address | Amount or value |
|-----------------|-----------------|
| 1519 15th St SE | |
| | |
| | |
| | |

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

- ☒ This section is not applicable
- ☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

| Name & Address | Amount or value |
|----------------|-----------------|
| | |
| | |
| | |
| | |

PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

- ☒ This section is not applicable
- ☐ Contributions in the total sum of \$25 or more per person were received from the following persons:

| Name & Address | Amount or value |
|----------------|-----------------|
| | |
| | |
| | |
| | |

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

Samuel Sovich

March 24, 2003

(Signature of authorized person)

(Date)

Name of authorized person (type or print) Samuel Sovich

Title of authorized person Vice President